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Insert Full Page Plate 7.1 *The Reincarnation of Saint ORLAN / Images-New-Images: Second Surgery-Performance, The Unicorn, Paris, 1990.*

Incisive Acts: ORLAN Anatomised

Gianna Bouchard

When ORLAN put on display her opened body, this was not the first time that surgery had worked as theatre. Repeating through these different historical and cultural moments is what we might call the spectacle of the ‘anatomised body’. Thus, while ORLAN’s surgery performances have been the subject of much commentary, here I am going to reach back into the tradition of the spectacular anatomised body in order to develop a new framework for thinking about the ORLAN performances. In the course of doing this I hope to describe a dynamic interrelation between performance, anatomy, representation and visibility that coalesces particularly around ORLAN’s work.

Arguably, the anatomised body has the potential to rupture certain representational systems and necessitates the imposition of various strategies in order to circumscribe its powerful effects. I suggest that these ruptures occur around the excessive nature of the pathologised body and that, in certain instances, the frame of representation cannot contain or sustain these sights without simultaneously altering them and revealing other structures and economies. This is the critical opening that ORLAN’s anatomised body offers onto, and into, alternate discourses and ways of thinking about vision and visibility in performance. By adopting a conceptual methodology shared with anatomisation, which fragments various parts in order to understand the whole entity, I shall examine specific instances and objects in ORLAN’s practice, in order then to reflect on larger issues of representation as they connect with theoretical concerns in performance studies.

Openings

The preceding image captures a moment during one of ORLAN's nine surgical-performance procedures that took place between 1990 and 1993, and were collectively titled *The Reincarnation of Saint-ORLAN*. Each of these nine artworks involved the surgical manipulation and modification of ORLAN's morphology, through the use of cosmetic surgery and liposuction procedures on discrete parts of her body. This carefully staged process of medical intervention in her flesh was predicated on deploying the practices of cosmetic surgery in order directly to challenge them and to "interrogate the status of the body in our society and its evolution in future generations via new technologies and upcoming genetic manipulations" (ORLAN in Phelan & Lane, 1995: 319). Not objecting to cosmetic surgery per se, she is instead "against the standards of beauty, against the dictates of a dominant ideology that impress themselves more and more on feminine flesh...and masculine flesh" (ibid: 324). To deconstruct the cultural surveillance and disciplining of women's (and men's) bodies through medico-science, ORLAN situated her performances within the ideological framework she wished to contest and worked outwards, from her own interior.

Documentation of the surgical-performances depicts all the anticipated props and paraphernalia of modern surgery and its methodologies, from a plethora of medical instruments to the masked and gowned surgeons, working on a carefully draped patient. Chronological operative trajectories can be identified in the pre-operative images of ORLAN's face with its complex web of markings – the map of future incision sites and lines for the surgeon to follow. Raised skin flaps and multiple cuts reveal the course of several of the facial operations, as ORLAN's face is separated from its underlying structures and implants are inserted. Ultimately, her healing and recovery can then be tracked in her post-operative images that reveal the extent of the surgical trauma to her fragile anatomical structures and the capacity of the body to repair itself. Her recovery is set alongside the creation of a set of reliquaries that capture, store and display the remains of her medical interventions in the form of containers of excised blood, fat and tissue.

That this work is framed by and within the economies of surgery is manifestly apparent in both the form and content of these performances. Procedure, practice and parts are recognisable as characteristic of systematic medical praxis in the contemporary moment. The continuing fascination and engagement with ORLAN's work, however,

suggests that there is more at stake here, in this interface with medical science, than this initial, cursory survey indicates. *The Reincarnation of Saint-ORLAN* is not simply surgery as performance; ORLAN actively and deliberately overturns many of the expectations and protocols of cosmetic surgery. From her own selection of facial implants to her rejection of general anaesthesia and recitation of psychoanalytical texts during the operations, her work here establishes relational dynamics with a number of other discourses that shift beyond the more obvious understandings of the culture of cosmetic surgery and the traumatised female body. As a fully conscious, active participant in her surgery-performances, ORLAN undoes the idea of the passive and acquiescent patient, who submits to the will and the knife of the surgeon. Instead, she contributes to and performs in the surgical event, responding to her environment, controlling certain activities and performing her own position as subject and object in the operating theatre. Such a lively engagement with procedures that routinely require the patient to be unconscious opens her practice towards new critical dialogues that extend beyond the surgical and are, by necessity, interdisciplinary.

Anatomy Scenes:

In her interplay of visual art, performance and medicine, ORLAN conjures connections with the scientific study and practice of anatomical dissection, an association already identified by scholars, such as C. Jill O'Bryan (2005) and by the artist herself, when she described her action in these works as "...giving the impression of an autopsied corpse" (ORLAN in O'Bryan, 2005: 39). Dissection is the methodological means of cutting and dividing a body, animal or human, for the purpose of examination and analysis. As such, it is literal and metaphorical, physical and intellectual: "...literally, it is a medical speciality, with its own terms and techniques, distinct from surgery; figuratively, it can stand for any act of systematic analysis, from a tentative "probe" to the "sharpest" critique" (Elkins, 1999: 126). Following a similar linguistic and philosophical turn, 'anatomy', as the art of dissecting a body, whether real or metaphorical, fragments the body into its constituent parts and thereby reveals hidden depths and obscured interiors. At its core is a 'stress on direct, visual, sensory experience' that involves 'the cultivation of "autopsia" – literally, seeing for oneself' (Sawday, 1997: 35).

Dissection is thus predicated on visual economies that seek to encounter and understand depth. Driven by a desire to see and expose the hidden interior of the body, it permits an opening of the flesh and explorations to occur within and under the skin. In staging her surgery as a performance event, ORLAN does, of course, invite the spectator to partake in the economies of vision offered by autopsy; we are indeed required to see this occasion for ourselves. The usually inaccessible operating theatre and the private, personal experience of undergoing surgery are transformed and opened into a public spectacle within these performances. Arguably, this matches a shift in contemporary cultural attention from a social and visual fascination with the surface and exterior of the body in the media to a newer concern with altering the interior through invasive and permanent therapies. There is a discernable desire to look below the surface, with bodies constantly yielding up their inner secrets to the gaze of the viewing public in a plethora of television programmes showing all manner of medical interventions. Specular desire has shifted from the exterior to a need to witness the inside and the intricate processes of the living but, usually, anaesthetised body.

Critically, this change, from a desire to attend to the surface of the body to a public revelation of the internal and the visceral, also reflects early modern anatomical practices. Anatomical dissection emerged as a public and performed event in Europe in the late fourteenth century. The University of Montpellier received its first officially bequeathed cadaver for such purposes from the civic authorities in 1376 (Pouchelle 1990: 25). By 1405, its procedures and regulations were written into the Bologna academy's statute books; an integral part of the medical curriculum, as well as the university calendar. Described more accurately as 'public' anatomy, it was a socially complex occasion, cementing the university's prestige and reputation within academic and social spheres (French 1999: 83). Involving the co-operation of civic, religious and faculty authorities, it became the scene of staged and public anatomical performances. The practice became more prevalent through the fifteenth and sixteenth centuries, with permanent anatomical theatres being built across Europe. It was only in the eighteenth century that the public demonstration of dissection became a private and medically institutionalised affair once more.

The associated iconography of early modern anatomising depicts innately theatrical scenes in their explicit display of the dead and dissected body. Often the imaged corpses are engaged in a kind of self-display of their own interiors or others display them in the scene. This visceral exposure is simultaneously heightened by the sense of audience within the images, as many of them represent viewers within their frames or are self-aware of the spectator outside of the picture. These images show the body as the spectacle of the unseen and contribute to their own exposure, often holding back their skin the better to display the organs for the viewer. Sawday describes this principle as 'living anatomy', where dissected subjects were represented as being alive and fully participant in the dissective process (Sawday, 1995: 114). He finds several reasons for this new, early modern mode of representation. Firstly, considered as an ignoble pursuit, to portray the corpse as complicit 'in its own reduction' rendered anatomisation as a more worthy field of inquiry that delineated 'the power and truth' of its research strategies (ibid: 114). Secondly, Sawday argues that depicting cadavers far removed from the realities of the anatomy table situates them as liminal figures 'existing at the margin of living society, while, equally, they participate in a new community of the dead' (ibid: 114). His final thesis on 'living anatomy' concerns the notion of 'nosce te ipsum' or 'know yourself', a philosophical doctrine heavily touted in the early modern period (ibid: 117). He notes a resonance with various Christian images of the resurrected Christ who demonstrates his wounds or displays them openly to the viewer: 'Christ was thus understood as the subject of a gaze whose end was the establishment of the truth of his own resurrection – a process analogous to the scientific scrutiny of the human interior' (ibid: 117).

ORLAN's own implicit offer of allowing spectators to see her anatomisation for themselves transgresses normative medical practice and echoes these earlier representations through her own evident desire simultaneously to see for herself. Negating the position of the supine patient and corpse, she participates in Sawday's 'direct, visual, sensory experience', albeit in a partial and subjective way. She is similarly cognisant of and acquiescent in her own anatomised spectacle as she participates in the action. Rejecting the subdued and formal atmosphere of the operating theatre, she aestheticises its practice and surrounding environment, inserting herself as defiantly engaged and involved in its procedures. Such engagement and self-display, whilst being incised and surgically opened is shocking in its disregard for

operating theatre etiquette, where the medic is supposedly in control and the patient either unconscious or occupying the position of passive recipient of the treatment. Concomitantly, mediatised surgical interventions usually encourage the spectator's transgressive look that knows it will not be discovered or confronted by the unconscious patient, whereas her direct gaze back at the viewer challenges scopophilic pleasure in ORLAN's work.

Seeing Anatomy

ORLAN challenges the dominant gaze of the spectator by taking charge of the scene and animating her subjugated position as patient. Her direct reclamation of the passive surgical body arguably draws more attention to certain dynamics at stake in this work, as we look at ORLAN, looking at her own anatomisation. Where the inscription of power on the anatomised patient or corpse is manifest in the literal cutting of the body, she subverts this, whilst simultaneously revealing its operations, by remaining conscious and active throughout. In denying the viewer a vicarious and voyeuristic pleasure in watching the prone and unresponsive body of the anaesthetised patient, ORLAN disrupts the gaze and highlights the inscription of social power on the body. What is usually kept institutionalised, private and inaccessible is resolutely thrust into the spectacle of ORLAN's performances, so that we see the body marked and incised, manipulated and shaped in what Michel de Certeau refers to as 'the reign of *medical* politics' (de Certeau, 1984: 142). De Certeau claims that '[t]here is no law that is not inscribed on bodies', moving from an analysis of the 'juridical', where the body was marked by penal forms of power and law, to the idea of 'medical politics' that similarly seeks to dominate and control the body (ibid: 142). His chronology of bodily inscription moves from forms of punishment under the juridical system, such as that meted out in the early modern period to criminals who were sentenced to dissection as a form of retribution, to contemporary cultures of medical intervention and supervision, a transition he identifies as occurring from the fifteenth to the eighteenth century (ibid: 142). What de Certeau does not explicitly address, but ORLAN's work highlights here, is the position of the spectator.

Under the reign of juridical politics, the body was part of the 'body politic' and the law was written on it through various forms of punishment, most of which were highly

visible and visual events. De Certeau discusses the tools that are utilised for such purposes, a point we shall return to, but what of the spectators who were clearly meant, even encouraged, to witness the act of the inscription of the law and its subsequent wounds and scars? The juridical was strengthened and reinforced by collective viewing of these moments of capital punishment, such as watching dissection in the early modern anatomy theatre. As the historical shift towards a medical politics took hold, however, the body became individualised: 'it has slowly emerged as a whole, with its own illnesses, equilibriums, deviations and abnormalities' (142). This individuation has disconnected the body from the collective for its own personal treatments, disciplining and punishment. The congregation of witnesses has been removed from both the anatomy and operating theatre and only those with specific privileges and authority can now enter them for viewing. ORLAN disrupts these economies, however, by granting access to her body and its operations and thereby re-presents the inscription of the law to a collective of spectators.

This relation between the anatomised body and the spectator, however, is a complex one and it is my contention that the apparent revelatory dynamic implicit in dissection and in ORLAN's work is fraught with difficulties that can work to obscure the object of the gaze, rather than show it. I would argue that, in some ways, no matter how much can be seen of the viscera, the spectator somehow never sees enough and yet in the moment of revelation they also see too much. Art theorist and historian, James Elkins, states that it 'is nearly impossible to come to terms with the inside of the body' (Elkins 1999: 134). This alleged inability to deal with the body's interior makes its representation and viewing deeply problematic, a point acknowledged since the early modern period in terms of medical imaging and asserted by ORLAN herself: 'Few images force us to close our eyes. Death, suffering, the opening of the body...' (ORLAN, 1998, 315).

The opened body is messy and entangled, obfuscatory in its density and interrelation of parts, making it difficult to comprehend in its raw, incised state on the anatomy slab. Medical representation has been concerned, since the work of Andreas Vesalius, to clean this body up in the interests of enabling unimpeded visibility and transparency. This specific medical project of representation is deeply entrenched in aestheticising practices that themselves obscure the body's intense viscosity. It is

cleansed, drained of blood and other fluids, idealised and presented in fragments that make sense medically through specific connections and associations between parts that need to be displayed, but may bear little relation to the actual physical geography or constitution of the interior. Elkins notes that if images do attempt to deal with the body's innate complexity and mess they can seem 'unpleasantly close to their subject matter, as if they were products of pathological fascination, rather than scientific curiosity' (ibid: 137). This repression of the abjection of the opened body has continued beyond textual images into the domain of preparations, wax models and finally to the plastinated corpse of the late twentieth century, put on display in Gunter von Hagen's touring exhibition *Körperwelten*.

ORLAN offers her viewers an aesthetic practice that as far as possible returns to the mess and pathology of the inside of the body. A sight rejected in traditional medical representations and circumscribed by medical technology is revealed and offered as a direct challenge to the viewer in ORLAN's work. She offers us the opportunity to re-negotiate our relationship with the wound, the traumatic opening into the body that requires constant social and cultural management. In our current context, wounds must be treated and closed in order to deflect the threat of infection and contagion. They are perceived as sites of abjection that need to be sterilised and covered, in attempts to negate their openness and visual or 'pathological fascination' by washing away their excess and sealing them. This is paralleled by a concern to initiate healing processes so that the body may return quickly to a state of apparent flawlessness and perfection, the desired veneer that denies the viscera so obviously apparent in the wound. Whatever its form, the wound is a disruption and an undesirable mark on the surface of the body, so it is denied its 'woundedness' and made into a place of healing, a mere disappearing ripple on the skin.

ORLAN's wounds in her surgery-performances are inflicted purposefully to provide access to her interior through their gaping apertures. We witness their creation through the incision of the scalpel, cleaving the skin of her face and round her lips. The wounds split and instantaneously bleed, as the boundaries between inside and outside are disrupted and traumatised. We are confronted with the complexity and confusion of the opened body and its 'dominant effect' may be of 'horror', that is the 'effect of the needles piercing flesh, of the knife severing the face, of the blood leaking from

incisions' (Adams 1996: 143). In this, ORLAN performs 'the body as flesh of the world, the body as meat, the body as co-constitutive of the self' (Jones 1998: 235). She reminds us of our body's mortality, complexity and messy beauty beneath the skin by thrusting aside anaesthetised and aestheticised surgical practices and representations. In working with a thesis that the 'body is obsolete' and requiring surgical intervention ORLAN returns the body to us as art (ORLAN, 1998: 325):

... The body anatomised as corpse upon the stage of the dissecting table is as much a piece of created fiction as it is discovered fact. The body observed on the stage of the dissecting table belongs as much to the realm of art as it does to science (Romanyshyn, 1989: 119).

In staging her opened body to be observed, its spectacle manages to obscure normative boundaries between reality and representation, fact and fiction, science and art.

In some ways, ORLAN's desire and practice to return us to the body battles against medico-scientific responses to wounding. Innovations in surgery have long been partly focused on shrinking the entry point of medical interventions. Incisions need only be the means of inserting medical technologies and instruments inside the body to assist procedures, for instance, fibre optic cable for viewing internal spaces remotely, rather than cutting large areas for direct visual access. Many operations are now performed via 'key-hole' surgery, in obviously less invasive treatments. Some of ORLAN's own wounds are clearly subject to these other technologies and confront the spectator in different ways from the overtly aggressive incision of the scalpel.

Anatomy, Technology and Animation

The radical alteration and revelation of ORLAN's anatomy relies extensively on certain medical technologies of surgery and dissection. Her work displays the latent potential of medico-technology to reveal the anatomised body in performance: '[e]nacting herself (...) through technologies of representation as well as medical technology, Orlan produces herself as posthuman: her body/self is experienced (...) in and through technology' (Jones, 1998: 227). This 'experience', for the spectator at

least, is somewhat different depending on the technology and procedure adopted in ORLAN's surgeries.

Most of ORLAN's surgery-performances have involved liposuction procedures, which utilise linear incisions in the flesh, or adits, through which stainless steel cannulae are inserted to remove subcutaneous fat. Such medical technology is deliberately invested in creating the smallest wounds possible through which various instruments can be passed so that procedures are minimally invasive. Documentation of ORLAN's surgeries include close-ups of adits with cannulae inserted, so that her wounds are often tightly and neatly plugged by technology and the spectator is denied full, unmediated sight into the body. The adits or wounds are themselves extraordinary in their seeming lack of trauma or injury pathology at their margins. As the cannula pushes into the openings, the skin puckers as though the incision is not big enough to accommodate the intrusion and is forced to stretch. There appears to be no bruising, or swelling and no detritus, just strangely sanitised and plugged wounds – intermediaries between inside and outside. At the moment of ORLAN's anatomisation, abundance and leakage are halted and negated by technology, at the same time as revelation of the interior is obscured from sight. Instead, in a manner that seems to echo traditions in medical imaging explored above, the wound's technological plug disconnects it from normative pathological functioning and ORLAN's flesh is thrown into flux through rendering her body ambiguous. Its physiognomic responses seem compromised and yet the flesh is also strangely and shockingly animate through the insertion of the cannulae.

Don Ihde speculates that the experience of using technology is transformative and complex, often involving the technological instrument being reduced in perception so that it is not encountered 'as either thematic or as an object' in the moment of engagement (Ihde, 1979: 7). Instead, the technological artefact becomes an extension of the self through having a 'partial transparency relation between myself and what is other' (8). What is felt is a transformed experience: '[t]his transformation contains the possibilities...of both a certain extension and amplification of experience and of a reduction and transformation of experience' (10). Ihde defines such relations as 'embodiment relations', where technology has a partial transparency and becomes

incorporated into our experience of the world (8). Even as an instrument extends our knowledge of the world, it is not fully within perception:

With every amplification, there is a simultaneous and necessary reduction. And within this structure, two effects may be noted: first, the amplification tends to stand out, to be dramatic, while the reduction tends to be overlooked... The second effect is that the transformation alters... the 'distance' of the phenomenon being experienced. The instrument mediated entity is one which...appears with a different perspective, its micro-features are emphasized and this is part of the transformation process itself (21-22).

Although the spectator to ORLAN's liposuction surgery-performances described previously cannot know what she experiences of this technology, its transformative potential in performance is as dramatic as Idhe asserts. For the viewer, the technology becomes similarly transparent in its disappearance from the scene. Watching the images of ORLAN's flesh, the actual workings and implications of the cannulae are rendered irrelevant as the picture becomes both mesmeric and horrific. That the technology is inserted through the skin, held there and manipulated by the hand of a surgeon, is only acknowledged peripherally. The focus is on ORLAN's flesh and its uncanny animation as the cannula pushes through and around her subcutaneous fat in a brutal and violent prodding, even to the extent that ORLAN herself begins to dissolve within perception. The animated flesh is amplified in proportion to the body, wherein this procedure is taking place, which is reduced. As in dissection, part is exchanged for whole and becomes the object of interest, its power residing in its uncanniness as familiar flesh is rendered animate below the surface of the skin, as if another organism resides within ORLAN's body. Her flesh ripples and undulates with the intrusion of the technology and its ferocious cleaving of fat from other anatomical structures.

Anatomical practice relies on tools and therefore technology to mediate between flesh and knowledge. ORLAN's work, however, shows that the tool is capable of more than just this mediation and that the potential of transformation in its function is

resonant with questions of animation. ORLAN's flesh is animated or made to perform, by the intervention of surgical instruments operated by the hands of the surgeon. The cannulae are manipulated in such a way that the usually inanimate flesh is made to heave and move in an unfamiliar way. The anaesthetised flesh is revived, if only momentarily, by technologies that amplify, extend, reveal and exploit the body it inhabits, whilst simultaneously concealing, reducing and obscuring others. If anatomising technology is supposed to reveal objective and scientific knowledge about the body, ORLAN's presentation of liposuction through mediated close-ups demonstrates its potential to also transform perception and spectatorial engagements with the wound.

Anatomy and Haptics

ORLAN engages with a different kind of wounding in her final pieces, as the work focuses on her face and the insertion of various facial implants. These require substantial incisions with scalpels and the retraction of sizeable skin flaps to allow the implants to be inserted and manoeuvred into their correct positions. It is these surgeries that have become the most infamous, partly through their direct manipulation of ORLAN's face and brutal rending of skin from bone and underlying anatomies. Much of the documentation once again offers the spectator the close-up, so that the violent action of facial surgery is on display and spectatorial distance collapses and fragments of surface are all that are available to sight. ORLAN's flesh and face can be viewed in close proximity and we are offered ways into the interior and depth through holes and tears in the skin, in a manner that resonates with anatomical practice, as the body is dismembered in structured stages in order to facilitate the viewing of corporeal depth.

Anatomical dissection offers the opportunity to encounter and understand corporeal depth. Driven by the desire to reveal and see the hidden interior of the body, it permits an opening of the flesh and explorations to occur within and under the skin. ORLAN offers her flesh and viscera to spectatorial scrutiny in a similar manner, utilising the close-up so that the viewer is in close proximity to the 'skin' of the image, whereby the content of the image dissolves, as the focus is intensified from the whole to a small fragment of surface, and perception can shift to allow an

absorption in the surgical details. This pathological viewing position offered by ORLAN favours the fragmented, partial and decontextualised sight of her flesh.

Arguably, however, there is a fundamental falling short of this specific viewpoint, especially when it coalesces around the wound or dismembered body. I would contend that pathologised bodies, such as ORLAN's, demand more from their viewers than vision alone can provide. In offering the spectator the close-up of the wound, ORLAN promotes a slippage between vision and touch, so that vision itself becomes, in a sense, tactile; an idea that can be traced from art criticism into more complex elaborations in film studies. For film theorist Laura U. Marks haptic visuality means that 'the eyes themselves function like organs of touch' because of their proximity to the object (Marks 2000: 162). In entering into a more proximate dynamic with the image, the viewer negates the illusions of representational strategies, which leaves vision to traverse the surface planes of the image to perceive texture and materiality rather than depth or form (162).

As distance between image and viewer collapses, so do distinctions between subject and object that usually define relations between art and spectator. Instead, there emerges a reciprocal engagement in which the viewer 'relinquishes her own sense of separateness from the image' to succumb to its perceptual intricacies and detail (183). Content and illusory definition are too near to the eyes to be normatively perceived or comprehended, rather the eyes flick across the surface rapidly, taking in its materiality and 'feel', and operating in an analogous mode to touch.

Haptic visuality can also be encouraged by the work itself in Marks's analysis, and she goes on to examine various filmic instances of such incitement to the haptic, where a film focuses on extreme close-ups of its objects that override visual comprehension, leaving the eyes to engage with texture and substance rather than narrative form and content. This is the point where Marks believes that haptic images open alternate potentialities within filmic discourse, slipping away from more dominant modes of viewing and subjectivity into this reciprocal space, where meaning is more indeterminate and shifting. ORLAN offers the viewer a haptic engagement with her wounds, allowing the close-up to display the surface of the body where the wounds dominate the visual field. We are made aware of the physicality of

surfaces, from the flesh of the face to the ragged edges of incised flesh and the oozing of blood. This concentration on materiality provokes in the spectator an awareness of tactile experience that is then exacerbated by the insertion of scalpels and needles through the surface.

The haptic moments incorporated within ORLAN's work offer a radically different encounter with her surgery-performances than is enabled through conventional visual strategies. Marks makes the following significant statement: 'haptic visuality inspires an acute awareness that the thing seen evades vision and must be approached through other senses...Haptic visuality implies a fundamental mourning of the absent object or the absent body... it acknowledges that it cannot know the other' (191). As a result of proximity to the surface and materiality of the object or image, haptic visuality offers the viewer only indirect access to knowledge, so that understanding is not provided 'about' the object but 'nearby' or next to it, in a metaphorical shift of perspective (191). Unable to deliver concrete knowledge around content and form, haptics produces other readings and interpretations that are not concerned with total analytical control. It opens instead a 'power of approaching its object with only the desire to caress it, not to lay it bare' (191).

Watching the close-ups or looking at the still images of the surgery-performances, the spectator draws close to ORLAN, exchanging part for whole as the anatomist does and thereby opening the possibility of a haptic visual encounter during the performance. The visual field is effectively reduced to the material and physical aspects of ORLAN's body and face. From this pathological viewing position comes the autoptic moment of performance – the empiricist experience of seeing for oneself that operates over and above any textual or representational knowledge. The supposition of a haptic autopsia is borne out by Adams' description of the surgery: 'Something flies off, this something is the security of the relation between the inside and the outside. It ceases to exist. There is, suddenly, no inside and no outside. There is an emptying out of the object' (Adams 1996: 154). In these words lies evidence of a haptic visual engagement that describes surface and texture rather than meaning or content in this moment of proximal sight. In a strange paradox then, the revelation of corporeal interiority, or indeed the wound, marks an inability to see anything except an excess that obfuscates meaning. It is as if this extreme voyeurism will not satisfy

desire but overload it with sight and Adams poignantly declares ‘the horror at seeing this, at not knowing where all the seeing will end’ (143).

If the operations do invoke moments of haptic visuality we can return to Marks’s argument that such an engagement ‘inspires an acute awareness that the thing seen evades vision’ (Marks 2000: 191). Enigmatically, occlusion occurs even though the performance apparently works to heighten any experience of the visual field. ORLAN performs her surgeries under bright lighting and occupies the most central position in the operating theatre. Sight is then supposedly helped by the mediation of various cameras that focus on ORLAN’s wounds through the technique of the close-up. But, ultimately, the spectator is confronted with ‘an emptying out of the object’ that leaves us ‘unhinged in a space that refuses to organise an inside and an outside’ (Adams 1996: 154, 156). The visible blackness of the interior, the insinuation of emptiness radically destabilises meaning in the work, signifying pure absence within the apparent core of ORLAN’s identity, below the surface of her skin. Her ruptured flesh ‘tears apart some continuity in space or time, some logical and semantic coherence, or even semantic cohesion, at a specific level (Marin 1994: 373). It does not reveal what is inside and representation itself comes undone by these holes – the irreparable rent in vision.

Suturing

In order to draw together some of these ideas, I want to return to the relations between ORLAN’s surgery-performances and anatomisation, used to provoke this interdisciplinary thinking and interrogation. Both stage the open body in a knowingly theatrical manner that emphasises the dynamics and economies invested in such a presentation. They depend upon a certain framing and relation to the spectator that necessitates a proximal encounter with the displayed body. Part of this close engagement is predicated on structures of belief that require some kind of proof or evidence through sight or touch. Both incorporate visual economies that fail to deliver what is expected, through excess and obfuscation. The interiors of these bodies cannot be ‘seen’ but what is achieved, instead, is a haptic visuality that negates visual domination, in favour of a mutual exchange and blurring of boundaries between subject and object.

